



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R12/9-09)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name BREWER	First Name CHARLES	Middle Name WESLEY	Nickname CHUCK	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 623 SLATE DR, APT B		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City INDY	State IN	ZIP Code 46227	8. County MARION	9. Telephone (Day) 317 524-1285	10. Telephone (Evening) SAME
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR OF INDIANAPOLIS		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name FRIENDS OF CHUCK BREWER					
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 47 S. PENNSYLVANIA ST. STE 30		15. FAX (Optional) ()		16. E-mail Address (Optional) join@chuckbrewerformayor.com	
17. City INDIANAPOLIS	State IN	ZIP Code 46204	18. County MARION	19. Telephone (317) 635-8881	20. Committee Organization Date (MM-DD-YY)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson DAVID PAUL LEWIS					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 9029 DIAMOND POINTE DRIVE			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City INDIANAPOLIS	State IN	ZIP Code 46236	26. County U.S.A.	27. Telephone (Day) (317) 823-2035	28. Telephone (Evening) (317) 823-2035
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC BANK					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer KAY SPEAR	Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer KAY SPEAR					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 510 W. EDGEWOOD AVE		35. FAX (Optional) ()	36. E-mail Address (Optional) rspear@sbccglobal.net		
37. City INDIANAPOLIS	State IN	ZIP Code 46217	38. County MARION	39. Telephone (Day) (317) 787-5718	40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment Kay Spear
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson DAVID P. LEWIS	Signature of Chairperson 	Date (MM-DD-YY) 02-04-15
43. Typed or Printed Name of Candidate CHARLES W BREWER	Signature of Candidate 	Date (MM-DD-YY) 02-04-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

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FILED

FEB 05 2015

Myra A. Eldridge